

NOTICE OF IMMUNIZATIONS NEEDED

Dear Parent/Guardian of: _____

Our records show that your child needs the following immunization(s) to meet the requirements of the California School Immunization Law, Health and Safety Code Sections 120325-120375:

<u>VACCINE:</u>	<u>MISSING DOSE(S) ARE CIRCLED BELOW:</u>				
POLIO	#1	#2	#3	#4	
DTP/DTaP/DT/Td	#1	#2	#3	#4	#5
MMR	#1	#2			
Hib (child care/preschool only)	#1	#2	#3	#4	
HEPATITIS B	#1	#2	#3		
VARICELLA (chickenpox)	#1	#2			

YOU NEED TO DO ONE OF THE FOLLOWING IMMEDIATELY:

1. Take this form along with your child's yellow California Immunization Record to your doctor or the local health department to get needed immunization(s). Then bring us your child's updated immunization record.
2. If your child's immunization record shows he or she already received these immunization(s), bring us the record so we can update our files. Your child's record must include a date for the immunizations circled above and the doctor's signature or stamp.
3. If immunizations are against your personal beliefs, please come to school/child care to sign the exemption statement.
4. If any immunizations were not given to your child because of medical reasons, please bring us a letter signed by your doctor.

According to state law, we cannot allow your child to attend school/child care unless we receive evidence that the above requirements are met by this date:

_____.

If you have any questions or require additional information, please call _____.

Sincerely,